

## **DEPARTMENT REPORT SEPTEMBER, 2015**

### **DIRECTOR'S OFFICE**

The LB 692 and LB 1060 Annual Reports were submitted to the Nebraska Department of Health and Human Services. The Department received \$780,907.11 for these programs in 2014-2015.

The Health Director serves on the Community Health Endowment Board of Trustees and Funding Committee. The Funding Committee is reviewing grant applications for the coming year.

The Health Director continues to participate in the UNMC College of Public Health's community wide strategic planning effort to guide the College of Public Health over the next five years.

The Health Director serves on the Tabitha Foundation Board of Directors and attended the Tabitha Annual Board Retreat and Strategic Planning Sessions.

The Health Director is assisting the Mayor's Office and Human Resources Department with the recruitment of the next Lincoln Fire and Rescue Chief.

The Department will participate in the Combined Campaign for the United Way of Lincoln and Lancaster County, Community Health Charities and the Community Services Fund. The Campaign runs from October 1, 2015 to November 6, 2015. The Administrative Aide will again serve as the City-Wide Coordinator and Department Coordinator.

### **ANIMAL CONTROL**

#### **Animal Control Stats**

	<b>Sep 12- Aug 13</b>	<b>Sep 13- Aug 14</b>	<b>Sep 14- Aug 15</b>
<b>Pet Licenses Sold</b>	61707	62511	62405
<b>Cases Dispatched</b>	23704	24069	23521
<b>Investigation</b>	25536	26002	25637
<b>Animals Impounded</b>			
<b>Dogs</b>	1579	1630	1455
<b>Cats</b>	1220	1287	1307
<b>Court Citations Issued</b>	351	460	389
<b>Warnings/Defects Issued</b>	15056	16083	15348

<b>Bite Cases Reported</b>	469	460	496
<b>Attack Cases Reported</b>	47	55	58
<b>Dogs Declared Pot. Dangerous</b>	79	80	83
<b>Dangerous Dogs</b>	21	14	27
<b>Animal Neglect Investigations</b>	788	809	777
<b>Injured Animal Rescue</b>	725	812	997
<b>Wildlife Removal</b>	470	547	651
<b>Dead Animal Pickup</b>	1994	1938	2060
<b>Lost and Found Reports</b>	2443	2336	2292
<b>Phone Calls</b>	50491	45669	44067
<b>Average Response Time (in mins)</b>	21	22	22

Staff finished a bat policy and procedure for how bat infestations will be managed and the responsibilities of the property owners in helping to mitigate any bat infestations. The policy includes a letter that will be sent to property owners when Animal Control is dispatched more than 3 times to the same address in a 12 month period and when Animal Control is dispatched to an address where 5 or more bats are removed in a single call.

Staff participated in the September 17, 2015 Safety Day that was held at the Pinnacle Bank arena. The purpose of the event was to bring together staff, equipment, and resources so first responders and others could see the capacity maintained by law enforcement, fire and rescue, civil support teams, military and public health.

#### **Public Safety Day Photo- AC vehicle and trailer and HazMat vehicles**



There were 62,405 pet license sales for FY 2014-2015. This compares to 62,511 from FY 2013-2014. Increased efforts will be made to increase pet license sales this next fiscal year. Animal Control Officers did complete 4979 delinquent license follow-ups in FY 2014-2015.

Staff worked on the strategic plan for the department and helped lead discussions at the Quality Council meeting and the management team meeting.

## COMMUNITY HEALTH SERVICES

### Client Satisfaction Survey Trends

*Program Indicator: The average rating of client satisfaction will not fall below 4.5 in any year. Rating scale is from 1 to 5 with 1=poor overall experience and 5=excellent overall experience.*

Client Satisfaction Survey Results (CHS, Dental & WIC)						
	June 2014	October 2014	February 2015	May 2015	August 2015	Trends
<b>Overall Satisfaction</b>	4.73	4.76	4.78	4.87	4.83	<b><u>4.79</u> Average</b>
<b># of Surveys</b>	80	137	128	69	100	<b>514 Total Surveys</b>
<b>Problems with Scheduling?</b>	1%	4%	2%	3%	1%	<b>2% Average</b>
<b>Staff Polite &amp; Friendly?</b>	98%	99%	94%	96%	97%	<b>97% Average</b>
<b>All Questions Answered?</b>	100%	100%	98%	100%	99%	<b>99% Average</b>
<b>Given Needed Information?</b>	100%	99%	98%	100%	99%	<b>99% Average</b>

### Disaster Preparedness

Several activities were completed by Community Health Services (CHS) staff to improve our awareness of appropriate roles and to prepare to respond to disasters. Nursing and laboratory staff completed an on-line training developed by Ohio State University entitled "Disaster Surge for Public Health Nurses". The training was free of cost and included continuing education hours for nurses. Learning objectives of the course were:

- 1) Describe the aspects of public health nursing disaster preparedness and prevention.

- 2) Distinguish the role of the public health nurse in disaster surge from other practice partners.
- 3) Discuss appropriate public health nursing interventions during the response phase of disaster surge.
- 4) Identify the role of the public health nurse in the sustainment of recovery efforts after a disaster incident.

On September 16, 2015, Randy Fischer, Public Health Emergency Response/LCHCC & SENHCC HPP Coordinator provided a training for all CHS staff entitled “Introduction to the Incident Command System” (also known as ICS 100 & 200). Equipment and supplies included in the division’s triage/disaster surge kits were displayed during this training so staff could become familiar with the contents. During this training, Judy Halstead, Health Director discussed with staff our department’s role in disaster response and recovery and the opportunity for CHS to plan and respond with Lincoln Fire & Rescue’s, Emergency Medical Services.

Next steps will be to form a leadership team in CHS to identify further training, develop disaster preparedness policies and procedures specific to CHS, partner with Lincoln Fire & Rescue, the Red Cross, and other key community agencies, and to develop drills/practice sessions for staff.

## **Health Insurance Marketplace Preparation**

*Program Indicator: Increase the number of low-income, uninsured, and under-insured individuals connected to a medical home in Lancaster County to 20%.*

Nebraska has a federally-facilitated Health Insurance Marketplace as provided for by the Affordable Care Act. This summer, the Supreme Court of the United States upheld the legality of subsidies in the Marketplace. If the legality had not been upheld, subsidies would have only been provided in state-facilitated exchanges. An estimated 56,000 people in Nebraska would have lost their subsidies, making their health insurance coverage unaffordable, with premium increases that would have averaged 265% (source: Kaiser Family Foundation).

The next open enrollment period in the Marketplace will be offered November 1, 2015 through January 31, 2016. To prepare, local assisters have been developing strategies to promote awareness of the Marketplace and Nebraska Medicaid as options for those who are uninsured. Marketplace and Nebraska Medicaid applications are connected in a “one stop shop” on HealthCare.gov. Partners in our education and enrollment efforts include Community Action Partnership of Lancaster & Saunders Counties, People’s Health Center, Nebraska Medicaid, Nebraska Economic Assistance, Center for People in Need, Clinic with a Heart, Enroll NE, Health Center Association of Nebraska, Lancaster County Medical Society, and Community Health Endowment of Lincoln. Public service announcements produced as YouTube videos have been developed. Outreach at various community events and agencies are being planned with an emphasis on reaching people without insurance at Center for People in Need and Clinic with Heart, among other agencies.

Community Action Partnership of Nebraska, which includes the Community Action Partnership of Lancaster & Saunders Counties, was the only awardee of the federal Navigator funds this year for Lancaster County. They also have several Certified Application Counselors (CACs) along with People's Health Center and Community Health Services. Navigators and CACs fulfill the role of in-person assisters in the Marketplace, helping those without insurance learn about their options and the process of obtaining health insurance through the Marketplace or Nebraska Medicaid.

Navigators and CACs have been preparing for the upcoming open enrollment period by completing the annual on-line training required by the Centers for Medicare and Medicaid. Additionally, a ½ day training has been offered each year for assisters to review eligibility and the application process for Nebraska Medicaid and Nebraska Economic Assistance. This year, the goal is to add additional training regarding General Assistance, Medicare Low Income Assistance, and SSI/SSDI Outreach Access and Recovery. Our partners at Nebraska Medicaid, Nebraska Economic Assistance, Lancaster County General Assistance, Aging Partners and CenterPointe have been invited to speak at this training scheduled for November 13, 2015.

## **DENTAL HEALTH & NUTRITION**

### **WIC**

#### **Caseload (Participation):**

<b>Total</b>	3700
<b>Main</b>	2841
<b>Cornhusker Clinic</b>	859

#### **Food: For April 2015 -**

<b>Food Monthly Obligations</b>	\$ 212,914.29
<b>Food Pkg Avg.</b>	\$ 69.20
<b>Women</b>	\$ 38.36
<b>Infants</b>	\$146.34
<b>Children</b>	\$ 43.72

#### **Mentoring:**

(Number and school)

<b>Students</b>	
<b>Interns</b>	1 UNL- RD
<b>Volunteers</b>	1 UNL- RD
<b>LMEP Residents</b>	

This was the fourth month of piloting the new Journey computer system for the State of Nebraska WIC Program. Our caseload continues to grow. Our total number of participants has increased 12% in the last two months!

## **Dental Health**

- Total number of clients served during all clinic hours (unduplicated count): 564
- Total number of patient encounters (duplicated client count): 717
- Total number of patient visits (duplicated provider appointments/visits): 1045
- Total number of Racial/Ethnic and White Non-English speaking patients: 417 (74%)
- Total number of children served: 361 (64%)
- Total number of clients enrolled in Medicaid: 357 (63%)
- Total number of clients that identified another language as their primary language: 248 (44%)  
Arabic, Burmese, Chinese, Farsi, French, Karen, Kurdish, Russian, Spanish, Vietnamese, Japanese, Other).
- Clients served during **Thursday evening hours** (unduplicated count): 56
- Client encounters during Thursday evening hours (duplicated client count): 63
- Patient visits during Thursday evening hours (duplicated provider appointments/visits): 100
- Racial/Ethnic and White Non-English speaking patients during Thursday evening hours: 38 (68%)
- Children served during Thursday evening hours: 52 (93%)
- Patients enrolled in Medicaid during Thursday evening hours: 41 (73%)
- Total number of clients that identified another language as their primary language: 19 (34%)

## **Student Rotations:**

- 1 dental student from UNMC College of Dentistry

## **Outreach Activities:**

- Fluoride Varnish Program:  
WIC Cornhusker Office and Main Office sites: 26 children and families

## **ENVIRONMENTAL PUBLIC HEALTH**

### **Program:**[Water Quality](#)

### **Specific Program:** [Private Water Wells](#)

### **Water Quality Goals (Purpose)**

Protect human health by: preventing waterborne illness; preventing ground and surface water pollution; preventing illicit discharges; assuring Lincoln maintains compliance with its NPDES Stormwater Permit; and assuring new developments have adequate water and sewer.

### **Water Quality Indicator**

Ensure all private wells used for potable water are tested annually for bacterial and Nitrate contamination and well owners/users are notified of the results within 7 days.

#### **Strategies/Methods (What we do)**

- educate well owners on protecting groundwater from contamination
- investigate suspected waterborne illnesses
- issue permits
- conduct annual inspections and take water samples from potable wells within the city limits
- conduct inspections and take water samples from new or repaired wells within the 3-mile limit
- assure proper decommissioning of wells
- take enforcement actions

#### **Funding/Source**

Approximately 90% of the direct field costs for this program are funded through user/permit fees.

#### **Water Well Data**

	<b>FY11</b>	<b>FY12</b>	<b>FY13</b>	<b>FY14</b>	<b>FY15</b>
<b>Permits Issued</b>	550	550	604	572	571*
<b>Inspections</b>	747	532	790	891	614
<b>Water Samples(4)</b>	1074	918	841	1343	936
<b>% + Coliform</b>	15%	11.1%; 46 of 413	18%; 67 of 372	14.5%; 84 of 595	15.8%; 65 of 412
<b>% + E. coli</b>	1%	.73%; 3 of 413	2.7%; 10 of 372	1.5%; 9 of 595	1.5%; 6 of 412
<b>% &gt;= 10 ppm Nitrate</b>	6%	2.3%; 15 of 442	5.7%; 22 of 384	5.2%; 35 of 671	6.0%; 27 of 450

\* 515 water well renewal permits were issued in the City, 37 newly drilled, and 4 water well repair permits were issued in the 3-mile limit. 19 wells were in late status (BPRA001 data from 9/23/15)

#### **Comparison**

In FY15, 15.8% of water wells tested for bacterial contamination were found to have coliform bacteria, indicating contamination issues, 1.5% had E. coli, indicating fecal contamination. 6.0% of wells tested for Nitrate had levels which posed a known public health risk (>10mg/L). These results are consistent with past years. Contamination can be affected by weather conditions. Wet years tend to have higher coliform contamination. FY15 had a very wet spring and summer. Fewer water samples were collected in FY15 since many irrigation wells were not operated or only operated a short period of time. Many inspections were completed in the final quarter of FY14, with fewer inspections being conducted in the first quarter of FY15. Thus, FY14 had more total inspections reported than FY15.

#### **Description:**

Local ordinance requires all domestic wells (drinking water, irrigation, etc.) within the city and all new wells drilled within the 3-mile limit to hold a permit. In FY15, the permit fee for a newly drilled well was \$205, and the annual permit fee for a well in the City limits was \$120 (LMC 8.44). Over 50% of the

domestic water wells in the City are used for drinking water, and the majority of the rest are used for irrigation. All domestic wells in the City that are used for drinking water are inspected and tested for bacteria and Nitrate contamination annually. Each of the newly drilled potable water wells within the 3 mile limit were inspected and sampled for bacteria and Nitrate. Most irrigation wells are only tested for Nitrate. Water is one of the most common carriers of disease causing organisms and chemicals which present health risks. When properties with private wells are annexed into the city, the owners are allowed by right to retain their water well and not connect to the Lincoln Water System. Annexations increase the number of people required to obtain a city well permit.

### **Partnerships & Efficiencies**

Health works closely with Nebraska DHHS and Lower Platte South Natural Resources District on groundwater issues. All waste samples are submitted to the Nebraska DHHS lab for analysis. Health works closely with the Planning Department and Public Works and Utilities on newly annexed areas to assure that people know how the well ordinance applies. A geographically referenced database has been created and Accela Automation holds all permit information.

## **HEALTH DATA & EVALUATION**

There have now been eight confirmed cases of West Nile virus ([WNV](#)) reported in Lancaster County in 2014. Five of the cases are confirmed with WNV fever and three of the cases have the more serious neuro-invasive type of WNV. These individuals had symptoms (fever, fatigue, neurological conditions) that caused them to seek medical attention. Since people are still outdoors in the evenings when mosquitoes are active, it's likely that there may be more cases through October. In recent years there have been only a few cases of WNV and we haven't had a lot of pools of mosquitos positive for WNV, however there definitely are some mosquitos locally and in the state that carry the disease as most of the WNV cases we've contacted have not been travelling far.

Since there is no vaccine against WNV, the best prevention is to avoid being bitten by mosquitoes. Suggested ways to reduce the chances of being bitten include:

- 1) wearing long sleeves and using a repellent containing DEET, Picaridin or oil of lemon eucalyptus;
- 2) avoiding being out at dawn and dusk when mosquitoes are most active; and
- 3) draining any standing water such as dumping bird baths and pet dishes to reduce the potential breeding grounds for mosquitoes.

Hopefully, with the end of hot weather, the number of cases of WNV; and bat contacts will slow. With the start of fall comes an increase in flu activity. Once again this year it's a recommendation from the CDC that everyone six months of age or older get immunized against the flu, which is the best prevention against the flu. This year's flu vaccine is expected to be a good match for the most likely strains to circulate as opposed to last year when the vaccine did not protect against the dominant Type A flu strain and a Type B flu strain that hit us locally and in the nation. Seasonal flu immunizations in various formulations (shots or nasal sprays as well as vaccines protecting against the three or four flu strains likely to circulate this year) are available in the community now and it is the right time to get immunized. Local pharmacies,



supermarkets and medical offices have gotten the vaccine so it is available in the community. The Department's supply of vaccine from the state's Immunization program will be available soon.

Last year, there was an early start to the flu season. Active surveillance for absences due to the flu and influenza-like-illness (ILI) began Labor Day week with all county schools. Starting in October we will begin weekly contacts to doctors' offices, hospitals and urgent care facilities to monitor any flu cases they will see this fall and winter. Weekly reports will document the flu activity in the community.

Work on the community health assessment continues and the focus now is on updating the Community Health Improvement Plan (CHIP). The staff who worked on the CHIP scheduled meetings on the four priorities (access to care, chronic disease prevention, injury prevention and behavioral health) and the MAPP committee will be meeting October 15<sup>th</sup> to discuss the CHIP updates and any new information from the four assessments that are part of the MAPP process. Information on the MAPP process and findings can be found on the Health Department's website at <http://lincoln.ne.gov/city/health/data/MAPP.htm>.

## **HEALTH PROMOTION & OUTRECH**

### **Chronic Disease Prevention**

The 2015 Summer Food Service Program ended August 7th after 52 days of operation. Forty-two sites were credited with serving 31,626 breakfasts and 58,185 lunches totaling 89,811 meals for an average of 1,727 meals per day. These meals were served to an estimated 3,075 children, 46% of whom were of a racial or ethnic minority.

The staff person, who facilitates the Lancaster County Crusade Against Cancer Coalition, joined 45 public health professionals representing 29 organizations/systems in a state Colon Cancer Planning meeting to identify goals and recommendations for community education, referral, screening, and funding for the next colon cancer awareness and screening campaign that will start in January 2016.

Staff provided information on bicycle safety and tips on commuting by bicycle to approximately 150 employees of Zoetis. Bicycle education was provided by staff and other certified bike educators to 90 second graders at Kloefkorn Elementary School.

Agency members of the 54321 GO! team continue to develop ways to encourage those they serve to incorporate the message into their daily lives. The GO Team! member from Lakeview Community Learning Center will be starting a fitness club with 15 children of the CLC and is utilizing the components of 54321 GO! as the basis for learning and activities. The emphasis will be on eating a variety of fruits and vegetables, increasing physical activity, and limiting screen time. Periodic evaluations of how the children are understanding and incorporating the message will be accomplished.

Lincoln is one of 52 cities nationally that has achieved gold status in the five goals of the Let's Move Cities, Towns, and Counties initiative of the National League of Cities. These five goals are: Start Early Start Smart (early childhood nutrition and physical activity), My Plate Your Place (displaying My Plate in City and County buildings), Smart Servings for Students (school breakfast/lunch and summer food programs), Model Food Service (healthy vending choices), and Active Kids at Play (parks, playgrounds, programs). Achieving gold status positions Lincoln to work toward the highest designation of an All-Star City. The categories that will be highlighted are: bicycle friendly community; healthy meeting guidelines; farmer's markets, and community gardens/urban agriculture.

### **Tobacco Prevention**

Staff continue to provide support to the behavioral health facilities that have implemented tobacco free campus policies – St. Monica's, The Bridge Behavioral Health, and CenterPointe. In the past month, staff presented tobacco prevention and cessation information to 20 residents of The Bridge Behavioral Health and to 18 residents of CenterPointe to support the tobacco-free campus policies.

### **Injury Prevention**

Staff coordinated a car seat check event at Bryan Health East. Ten certified child passenger safety technicians checked 26 car seats. This event was sponsored by Bryan Health and SKLLC.

## **INFORMATION & FISCAL MANAGEMENT**

Department Fiscal Staff are engaged in the final steps of closing FY 2015 financials. The Annual Grant Activity report has been prepared and submitted. The Annual Fiscal Report will be done once the City has completed their year end activities and release August reports. Staff are also preparing spreadsheets for monitoring and reporting fiscal activity for FY 2016.

Mechanics of documentation for Accreditation have been refined. The Division Manager is providing technical consultation to staff in HDE and HPO who are responsible for collecting completed documentation and organizing it. The goal is to prepare the documentation and store it so that when it is time to submit it for Accreditation, it is easy to work with and easy for the PHAB reviewers to understand.. In addition, we want to assure that the documentation will be clear enough that when it is time for the next accreditation cycle (5 years), staff will not have to guess what and why specific documentation was selected.